

## Bioterrorism Preparedness for the Sentinel Laboratory

### Registration

- Fee: \$25.00 (payable to APHL)
- Registration and refund deadlines: September 22, 2006.
- Register online at <http://www.nltn.org/courses>.  
*If you have difficulty with the online registration process, please telephone 510-412-1400 or send an e-mail to [poffice@nltn.org](mailto:poffice@nltn.org). If you do not receive an e-mail confirmation after completing the online registration form, please contact our office immediately.*
- Or submit your completed application form to  
*National Laboratory Training Network  
850 Marina Bay Parkway, E164  
Richmond, CA 94804*
- Or by Fax to 510-412-1412.

### Special Needs

In compliance with the Americans with Disabilities Act (ADA), individuals requiring special accommodations should notify the NLTN office at 510-412-1400 at least two weeks prior to the workshop.

### Continuing Education Credit

The Association of Public Health Laboratories (APHL) is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program. Participants who successfully complete this program will be awarded 6.0 contact hours.

588-643-06 Reno, NV

National Laboratory Training Network  
850 Marina Bay Parkway, E164  
Richmond, CA 94804  
<http://www.nltn.org>

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*National Laboratory Training Network  
Quality Laboratory Practice Through Continuing Education*

## Bioterrorism Preparedness for the Sentinel Laboratory



October 5, 2006  
Reno, NV

*Sponsored by*  
**Nevada State  
Health Laboratory  
and  
National Laboratory  
Training Network**



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## Bioterrorism Preparedness for the Sentinel Laboratory

Description	Agenda	Faculty
<p>This wet workshop is designed to provide practical, hands-on training for sentinel clinical laboratory scientists to recognize critical agents of bioterrorism. Participants will learn the Laboratory Response Network sentinel laboratory protocols for ruling-out suspect agents by laboratory demonstrations of culture, staining, and biochemical characteristics of agents of bioterrorism. Overviews of the Laboratory Response Network and safety implications will be discussed.</p> <p><b>Objectives</b></p> <p>At the conclusion of this workshop, participants will be able to</p> <ul style="list-style-type: none"><li>• discuss the role of the clinical laboratorian in the presumptive identification of suspect agents of bioterrorism;</li><li>• explain the safety implications of handling suspect bioterrorism organisms in clinical specimens and isolates;</li><li>• describe the clinical presentation and biochemical characteristics of <i>Bacillus anthracis</i>, <i>Brucella</i> spp., <i>Burkholderia</i> spp., <i>Francisella tularensis</i>, and <i>Yersinia pestis</i>; and</li><li>• outline the process for referring suspect organisms to the Nevada State Health Laboratory.</li></ul> <p><b>Audience</b></p> <p>This intermediate-level workshop is designed for laboratorians who handle clinical specimens and cultures.</p>	<p>8:00 a.m. Registration</p> <p>8:30 a.m. Introduction</p> <p>8:45 a.m. Lecture: The Laboratory Response Network, Safety in the Laboratory, Agents of Bioterrorism</p> <p>10:00 a.m. Break</p> <p>10:15 a.m. Lecture: Agents of Bioterrorism (Continued), Referral Process</p> <p>11:45 a.m. Lunch</p> <p>12:30 p.m. Laboratory Exercises: Agents of Bioterrorism</p> <p>2:00 p.m. Break</p> <p>2:15 p.m. Laboratory Exercises (Continued)</p> <p>4:00 p.m. Q &amp; A/Evaluation</p> <p>4:30 p.m. Adjourn</p> <div><p><i>The National Laboratory Training Network is a training system sponsored by the Association of Public Health Laboratories (APHL) and Centers for Disease Control and Prevention (CDC).</i></p><p><a href="http://www.nltn.org">http://www.nltn.org</a></p></div>	<p><b>Christina Hartman</b>, Emergency Preparedness and Response Coordinator, Nevada State Health Laboratory, Reno, NV.</p> <p><b>Robert Hoffman</b>, MS, SM (NRM), Microbiology Supervisor, Nevada State Health Laboratory, Reno, NV.</p> <p><b>Karen Mulawski</b>, MT(ASCP)SC, Health Scientist, Training and Curriculum Services Division, Centers for Disease Control and Prevention, Atlanta, GA.</p> <p><b>Mendi Nisbet</b>, MT, Microbiologist III, Nevada State Health Laboratory, Reno, NV.</p> <p><b>Ben Owens</b>, MS, CIH, Chemical Hygiene Biosafety Officer, University of Nevada, Reno, NV.</p> <p><b>Lisa Southern</b>, MT (ASCP), CLS, Microbiologist III, Nevada State Health Laboratory, Reno, NV.</p> <p><b>Location</b></p> <p>Nevada State Public Health Laboratory 1660 North Virginia Street Reno, Nevada 89503</p> <p>Parking instructions will be sent to participants after receipt of registration form and payment.</p>

**National Laboratory Training Network  
Registration Form**

(Please type or print.)

**Training Event Title:** Bioterrorism Preparedness for the Sentinel Laboratory **Event Type:** Wet Workshop

**Event Code:** 588-643-06 **Date:** October 5, 2006 **Location:** Reno, NV

**Applicant Information:**

(Dr./Mr./Miss/Ms./Mrs.)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ State Licensure Number (If applicable): \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Mailing Address: (Please specify, Employer's or your Home address?)  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (E-mail future training event notifications? Please circle, YES or NO.)

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Please review all options in the three categories before circling the one most appropriate in each category.)

**Occupation**

Physician 01  
Veterinarian 02  
Laboratorian 04  
Nursing Professional 05  
Sanitarian 06  
Administrator 08  
Safety Professional 11  
Educator 13  
Epidemiologist 14  
Environmental Scientist 15  
Other 12

**Type of Employer**

Health Department (State or Territorial) 01  
Health Department (Local, City or County) 03  
Government (Other Local, not City or County) 04  
Centers for Disease Control and Prevention 05  
U.S. Food and Drug Administration 09  
U.S. Department of Defense 11  
Veterans Administration Medical Center/Hospital 12  
Other (Federal Employer) 15  
Foreign 16  
College or University 19  
Private Industry 21  
Private Clinical Laboratory 23  
Physician's Office Laboratory/Group Practice 24  
Hospital (Private Community) 17  
Hospital (Other) 33  
State Funded Hospital 25  
City or County Funded Hospital 26  
Health Maintenance Organization 28  
Non-profit 31  
Unemployed or Retired 32  
Other 30

**Education Level (Highest Completed)**

Degree  
Associate 04  
Bachelor 05  
Masters 06  
Doctoral (M.D.) 07  
Doctoral (Other than M.D.) 08  
Technical/Hospital School 09  
Some College 03  
High School Graduate 02  
Some High School 01  
Other 10

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017). CDC 32.1 (Rev. 6/17/2003).

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<http://www.nltn.org/courses>. Space is limited so register early. Registration and refund deadlines: September 22, 2006.

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☐ Enclosed is my check or money order payable to APHL.

☐ Bill my credit card. (Circle one.)  
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Expiration Date:  
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Cardholder's Signature:  
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Date:  
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Amount of Payment:  
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Please print clearly.